

| POSITION | INITIALS | NO. | DATE |
|---------------------|----------|-----|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | WQ | 45 | 8/17 |
| FORMALITY REVIEW | P.K. | | 10-16-98 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
| 1 | 2/12 |
| 2 | 2/12 |
| 3 | |
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| 35 | |
| 36 | |
| 37 | |
| 38 | |
| 39 | |
| 40 | ✓ |
| 41 | ✓ |
| 42 | ✓ |
| 43 | ✓ |
| 44 | 0 |
| 45 | 0 |
| 46 | ✓ |
| 47 | ✓ |
| 48 | 0 |
| 49 | ✓ |
| 50 | 0 |

| Claim | Date |
|----------------|------|
| Final Original | |
| 51 | ✓ |
| 52 | 0 |
| 53 | ✓ |
| 54 | 0 |
| 55 | 0 |
| 56 | ✓ |
| 57 | ✓ |
| 58 | 0 |
| 59 | ✓ |
| 60 | ✓ |
| 61 | 0 |
| 62 | ✓ |
| 63 | ✓ |
| 64 | 0 |
| 65 | 0 |
| 66 | ✓ |
| 67 | ✓ |
| 68 | N |
| 69 | N |
| 70 | |
| 71 | |
| 72 | |
| 73 | |
| 74 | |
| 75 | |
| 76 | |
| 77 | 2 |
| 78 | 2 |
| 79 | 2 |
| 80 | 2 |
| 81 | ✓ |
| 82 | 0 |
| 83 | |
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| Claim | Date |
|----------------|------|
| Final Original | |
| 110 | |
| 112 | |
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| 149 | |
| 150 | |

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)